


<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input checked="" type="checkbox"/> Other Enclosures and/or Fees <u>Response to Restriction Requirement (2 pgs.)</u>		Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>		
Name (Print/Type)	Paula A. Borden	Registration No. 42,344
Signature		Date 09-27-2001
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